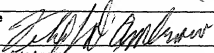


01/19/01  
JCS51 U.S. PTO

Approved for use through 8/20/00. CMB 0081-2023  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT</b>		Docket Number (Optional)
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s) <u>Dionisio Rio Simoes</u>		
Patent Number <u>6,045,360</u>	Date Patent issued <u>April 4, 2000</u>	
Title of Invention <u>INSTRUMENT FOR THE MEDICAL OR DENTAL TREATMENT OF CHILDREN</u>		
<p>I am the inventor of the original patent.</p> <p>I offer to surrender the original patent.</p> <p>1. <input type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b).</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked.</p> <p>The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.</p>		
Signature 	Date <u>1/19/2001</u>	
Typed or printed name <u>Felix J. D'Ambrosio Reg. No. 25,721</u>		
The assignee owning an undivided interest in said original patent is _____ and the assignee consents to the accompanying application for reissue.		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.</p>		
Name of assignee		
Signature of person signing for assignee	Date	
Typed or printed name and title of person signing for assignee		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.